

**City of Wichita
False Alarm Appeal Form**

Alarm User Name: _____ Date: _____

Alarmed Location Address: _____

Alarm Permit (Account) Number: _____ Phone Number: _____

Date of False Alarm Being Appealed: _____

Grounds for Appeal (Check All that Apply):

_____ Weather Related (must include weather report)

_____ Criminal Activity (must include police report and/or pictures of attempted break-in or damage)

_____ Mechanical Malfunction

_____ Alarm Company Error

_____ Utility Failure (must include report from electric, phone and/or cable provider confirming outage)

_____ Other

Explanation (another page may be attached if more space is needed):

NOTE: Additional supporting information must be attached to this form. Please attach all documentation you wish to have considered for your appeal, including additional letter of explanation, photographs, documents, etc. Only one (1) false alarm may be appealed per False Alarm Appeal Form. A \$10.00 appeal fee is also required for each False Alarm Appeal Form being submitted.

I hereby declare:

- I have read and understand the City of Wichita false alarm Guidelines to Appeal;
- I am the owner of the alarm system or have specific approval of the owner to act as an agent for this appeal; and
- I have examined this appeal and to the best of my knowledge and belief, the appeal is true, correct and a complete statement of all evidence to be considered.

Signature: _____ Printed Name: _____

Mailing Address: _____

Mailing City and State: _____ Mailing Zip Code: _____